

JUN. 18. 2004 8:55AM

VARIAN, INC.  B- FEE(S) TRANSMITTAL

NO. 8594 P. 2

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23693 7590 06/07/2004

Varian Inc.  
 Legal Department  
 3120 Hansen Way D-102  
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Debbie Kus	(Depositor's name)
<i>Debbie Kus</i>	(Signature)
June 18, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/600,292	06/20/2003	Wai Ha Wong	03-07 US	6305

TITLE OF INVENTION: METHOD OF SHIM OPTIMIZATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHRIJASTAV, BRIJ B	2859	324-307000

## 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rcv 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Bella Fishman

2 \_\_\_\_\_

3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Varian, Inc.

Palo Alto, California

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

 Issue Fee

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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0895 (enclose an extra copy of this form).

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(Authorized Signature) Bella Fishman (Date) June 18, 2004

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06/21/2004 AWONDAF2 00000019 500895 10600292

01 FC:1501	1330.00	DA
02 FC:1504	300.00	DA
03 FC:8001	15.00	DA



JUN 18 2004 8:54AM VARIAN, INC.

NO. 8594 P. 1

Varian, Inc.  
3120 Hansen Way, M/S D-102  
Palo Alto, CA 94304-1030 U.S.A.

To: Commissioner for Patents  
Mail Stop ISSUE FEE

Company: UNITED STATES PATENT AND TRADEMARK OFFICE

Fax number: 1.703.746.4000

From: Bella Fishman

Date: June 18, 2004

Subject: US Patent Application No. 10/600,292  
Filing Date: June 20, 2003  
Our Docket No. 03-07 US

Pages: (including this sheet) 2

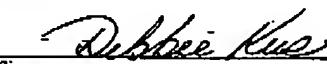
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**VARIAN**

I, Debbie Kus, hereby certify that on June 18, 2004 this correspondence is being transmitted by facsimile to the Commissioner for Patents, Mail Stop ISSUE FEE Corrections at 1.703.746.4000 at the US Patent and Trademark Office.

 6/18/04  
Signature Date Signed

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